

REQUEST FOR VISIT AUTHORIZATION TO ROME RESEARCH SITE

1. Date: <div style="border: 1px solid black; width: 80px; height: 20px; display: inline-block;"></div>										
2. Name of Company or Organization (complete name):		<div style="border: 1px solid black; width: 190px; height: 80px;"></div>			To: AFRL/RIOF Bldg. 3, West Wing, 525 Brooks Rd. Rome, NY 13441-4503 --- Phone: (315) 330-2916 (DSN: 587) FAX: (315) 330-3378					
4. Office Symbol (if gov't):		<div style="border: 1px solid black; width: 100px; height: 20px;"></div>			5. Type of Visit (check one): Classified <input type="checkbox"/> Unclassified <input type="checkbox"/>					
6. Street Address:		<div style="border: 1px solid black; width: 190px; height: 20px;"></div>			7. City, State: <div style="border: 1px solid black; width: 100px; height: 20px;"></div>		8. Zip Code: <div style="border: 1px solid black; width: 50px; height: 20px;"></div>			
9. Name(s) of Visitor(s):	SSN:	Date of Birth:	Place of Birth:	Country of Citizenship:	Date Naturalized:	Naturalization No:	If Not a Citizen, Permanent Alien Resident No./ Expiration Date:	Clearance Level:	Date Granted:	
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NOTE: To include more people on one visit request, use the space provided below.										
10. Purpose of Visit: <div style="border: 1px solid black; width: 630px; height: 20px;"></div>										
11. Date or Period in which the Visit is Valid: (Not to exceed 1 Year) <div style="border: 1px solid black; width: 350px; height: 20px;"></div>										
12. Point of Contact at Rome Research Site to be Visited: (Please include name, phone and office symbol). <i>This is not the Security Office.</i>			<div style="border: 1px solid black; width: 150px; height: 40px;"></div>		13. Point of Contact at your organization: (Please include name and phone)			<div style="border: 1px solid black; width: 150px; height: 40px;"></div>		
14. FOR CLASSIFIED VISIT: (Certification is made here that the above named individual(s) have a Security Clearance with type and date provided under Item 9.)					15. FOR UNCLASSIFIED VISIT: (Certification is made here that the above named individual(s) citizenship has been verified and information provided under item 9.)					
Signature of Facility Security Officer or Security Manager (ONLY):					Signature of Facility Security Officer, Security Manager or Human Resources Officer:					
X _____					X _____					

When completed and certifications are made in either Item 14 or 15, fax this form to:

AFRL/RIOF Fax# (315) 330-3378 or DSN: 587-3378

Mailing Address: AFRL/RIOF

Bldg. 3, West Wing, 525 Brooks Rd.

Rome NY 13441-4503

To confirm receipt of this visit request please dial (315) 330-2916

NOTE: All visitors will need to show a picture ID (driver's license, military or government ID).

Personnel without a security clearance verified in advance will not be admitted into any classified areas or discussions. All visitors are required to be citizens of the United States. No exceptions will be made to waive the requirements for a security clearance for classified visits. Hand carrying of a Security Clearance is not permitted.

Please let us know when the visit authorization for a group or an individual is no longer required, as we are obligated to cancel outstanding visit requests.

Item 9 Continued: ADDITIONAL VISITOR INFORMATION

9. Name(s) of Visitor(s):	SSN:	Date of Birth:	Place of Birth:	Country of Citizenship:	Date Naturalized:	Naturalization No:	If Not a Citizen, Permanent Alien Resident No./ Expiration Date:	Clearance Level:	Date Granted: